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ABSTRACT

This paper describes the Youth Resource Center (YRC) of Glastonbury, Connecticut--a multifaceted treatment facility. The YRC is based on a Systems-Interaction (SI) model of service, which maintains that a system can be changed by intervention at any point in the system; consequently, the same goals can be achieved through various target groups or individuals and various treatment approaches. The YRC is basically comprised of four program elements: (1) treatment (consisting of various therapeutic modalities, such as group therapy, family therapy, etc.); (2) education (such as equivalency preparation), (3) inservice training (workshops for staff and community-at-large presented by various professionals); and (4) creative experiences (such as art, music, dance workshops, kung-fu lessons. (Author)

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THE YOUTH RESOURCE CENTER- A SYSTEMS APPROACH

by

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The Youth Resource Center of Glastonbury, Connecticut is a multi-faceted treatment facility based in a community of approximately 23,000 residents. The YRC is based on a Systems-Interaction (SI) model of service. This model has been chosen in light of the fact that more recent and compelling treatment approaches no longer think about single or even multiple antecedent and consequent events with a passive or even an active organism in-between. Rather, the individual is conceptualized as one important component in a network of interrelated parts. The change in one component of a system affects other parts of the system and dynamic equilibrium is generally maintained. When human systems are conceived as open systems with permeable boundaries, there is a constant exchange or flow of stimuli in and out among various systems with which the individual comes in contact. The systems-interaction approach maintains that a system can be changed by intervention at any point in the system; consequently, the same goals can be achieved through various target groups or individuals and various treatment approaches. This approach takes into serious consideration the complexities of man. The individual is made up of many internal systems which interact and change as they contact other systems, such as family, the neighborhood, the community, and the larger society. Thus, intervention which deals with multiple systems and their interactions vis-a-vis the individual should prove maximally effective.

The systems-interaction approach has been chosen for a number of additional reasons. A system can be defined "as a set of elements organized to perform a set of functions in order to achieve desired results. An

element is a set of resources organized to perform a highly integrated subset of the desired system of functions. A systems approach is a logical way of examining and trying to solve problems. It attempts to 'map the territory' to show interrelationships among elements in the system and to identify operations basic to the mission of the organization. The systems approach stresses decision points and relations among various functions of the organization. It especially focuses attention on operations and functions for which information requirements are not well defined or are not being adequately met." (Halpert, 1968).

Hopefully, the "systems approach can be used to arrive at working answers to the following key questions in planning, organizing, and evaluating mental health service programs: 1)How can the goals of mental health programs be defined in quantifiable terms? 2)How does the currently organized network of services process the individuals with problems and how successfully do the services accomplish the stated goals? 3)What are the critical decision points in the care-giving system, and what kinds of information are required to make decisions which will lead to accomplishment of specific program goals? 4)What methods can be used to develop a family-oriented informations system for indicating specific user requirements? 5)How can a tracking system be established to follow individuals through the community service network? And 6)Within a multi-service facility what methods can be used to keep track of who did what to whom, and with what effect?" (Halpert, 1968).

Furthermore, as Buckley (1968) summarizes, the systems approach is highly relevant to social science in that: 1)The advance of science has driven it away from concern with substance and toward a focus on relations

between components of whatever kind. 2)Complex adaptive systems are open systems in intimate interchange with an environment characterized by a great deal of shifting. Variety and its constraints (its structure of causal interrelations). 3)Such a perspective provides a general framework which meets the major criticisms: . . . lack of time and process perspective, over-emphasis on stability and maintenance of given structures, and on consenous and cooperative relations, to the relative neglect - or unsystematic treatment of deviance, conflict, and other dissociative relations underlying system destructuring and restructuring. 4)A time perspective is inherent in this kind of analysis - not merely historical but evolutionary. This perspective calls for a balance and integration of structural and processual analysis. 5)Processes of all degress and kinds of structuring may be seen in terms of deviant as well as conforming patterns. 6)We do not have a sociocultural system and personality systems, but only a sociocultural system of constrained interactions among personality systems. 7)Finally, this perspective may help to integrate conceptually, the currently developing area of "decision theory" which recognizes individual components as creative nodes man interactive matrix.

Ludwig von Bertalanffy (1968) has devoted much thought to systems theory and its relevance to social sciences, psychology, psychiatry, etc. He, in fact, defines social science as "the science of social systems", and mental disease as "essentially disturbance of system functions of the psychophysical organism". Bertalanffy points out his hope that the system approach will lead eventually to a unified theory which eliminates the

separation between mind and body, material and mental, conscious and unconscious. By incorporating a systems view of the human organism, one may adopt a more effective and comprehensive approach toward intervention.

Etzioni (1969) points out the relevance of the systems model to the health field: 1)In addition to improving the health of a target population, the personnel of a health facility one also concerned with their own personal growth and the organization's continued development and expansion. 2)The motivation for developing and evaluating an innovative treatment program usually stems from functions related to the needs of a patient population, but it also includes the personnel's desire for control of organizational resources and the maintenance of personal influence and 3)Evaluation studies themselves occur within an organizational context.

Community programs based on a system-centered philosophy are not new. Sarason et al, (1966), Westby-Gibson (1966), Torrance and Strom (1965), Reiff (1966), Fantl (1964), Dentsch (1964), Reissman (1967), and others who have established programs to impact upon those primary systems with which the individual client(s) must deal. In evaluating these efforts, it is clear, as Cowen states that only "with emphasis on the community and its primary institutions - especially those affecting the young - fundamental shift to the prevention of disorder, and hard-nosed research, will our hopes for making greater strides in the mental health area."

In regard to evaluation, Schulberg points out that since the system model indicates that all variables are dependent or reciprocal in nature, appropriate methodological techniques include multivariate analysis (consistent with this study). Randell (1966) suggests the approach of cannonical correlations to apportion the causal contribution of in-puts. Regardless of approach, however, it is clear that whether one talks of understanding social systems and their impact on behaviour (Freeman and Sherwood, 1965), or of mental health oriented programs such as consultation with care-givers (Cohen, 1966), there is a need for hard-nosed research (Cowen, et.al., 1969).

For these reasons, a systems interaction approach seems crucial in addressing life problems in the community.

Within the SI framework, the YRC has evolved a theory of Critical Mass. Critical Mass maintains that environments have an optimum size and growth potential and that should an environment extend itself beyond that natual boundary, then the efforts of the environment are extended not to the individual(s) it serves but to its own maintainence.

> Item: When a school has grown so large that its principal is only cognizant of the "trouble makers" within the system, the system has reached its critical mass. When that same school handles the problem of students smoking by locking the bathrooms, it has extended over its critical mass.

We would suggest that many of the problems facing youth, facing all of us today result from a lack of responsiveness in our communities and their institutions. When a community expands beyond its critical mass, it assumes the same characteristics as that of a black star. Unable to function, to shed light,

it collapses pulling on to it all matter around it. New ideas, novel approaches, experimentation cannot exist. Attempts at innovations happen only in terms of words, not actions; for the investment of the organization is that of self-maintainence.

To counteract the effects of critical mass, efforts must be directed in three areas. 1. The community must take unto itself responsibility for its actions. 2. Political interaction via the party, the town or city council, the school board, and local planning and zoning commission must occur on a local level if the community ever hopes to influence policy on a state level. 3. The ultimate attention of the community must be focused on reducing the size of the institutions with which the community must interact. While size does not insure a humane institution (that is a question of organizational structure) it does provide greater opportunity for responsiveness if the power is invested in the locality. Responsiveness is essential. What we are aiming towards is not some huge multi-purpose animal whose arms extend into every crevice and corner, whose responsible heads are insulated and removed from society. We are aiming towards many small locally controlled structures. Some will be good. Some will be fair. Some will be poor. The responsibility for each rests with the community, not some distant, remote, undefined agency that practices circumlocution*.

*The term circumlocution was first used by Charles Dickens in Little Dorrit. "The Circumlocution Office was the most inefficient department under government. No public business of any kind could possibly be done at any time without the acquiescence of the Circumlocution Office. Its finger was in the largest public pie and in the smallest public tart. It was equally impossible to do the plainest right, and to undo the plainest wrong, without the express authority of the Circumlocution Office... Whatever was required to be done, the Circumlocution Office was beforehand with all the public departments in the art of percieving - HOW NOT TO DO IT." Chapter X

To counter this effect, extremely close working relationships must be established within the community with all those significant systems with which the YRC must come into contact. At this point, it would be useful to give concrete examples of those liasons which have been established within the different components of the YRC.

The YRC is comprised of basically 4 program elements: 1) Treatment (consisting of various therapeutic modalities, such as group therapy, family therapy, individual therapy, marital counseling, etc.), 2) Education (such as equivalency preparation, 1:1 tutoring, independent study, etc.), 3) In-service training (workshops presented for staff and for the community at large presented by various professionals, such as lawyers, doctors, psychiatrists, psychiatric social workers, judges, etc.), and 4) Creative experiences (such as art, music dance workshops, kung-fu lessons, Wilderness Training, automotive workshops, etc.). This presentation now turns to an examination of each of these components and its relationship to the total system.

Treatment

In terms of providing psychotherapeutic services, numerous other systems are, by necessity, involved. We have established close working relationships with local hospitals for both outpatient referral, in-patient placement, and emergency psychiatric services. This was accomplished by personal contacts with hospital administrators and attending physicians at these facilities. Visits both by the YRC staff to hospitals, and by hospital personnel to the YRC were initiated. In some cases, these efforts were facilitated by utilizing mental health professionals who reside in the town of Glastonbury and who work at these other facilities.

The YRC also set up a close alliance with the NET program, a community-based housing program for runaway younsters. This working arrangement has allowed the NET to utilize our services as well as allowing the YRC to use the housing available through the NET when placement on a temporary basis became an urgent necessity.

The YRC also organized what is now called the "Professional Group," which is comprised of town professional people who get together on a once/six weeks basis to discuss matters of mutual concern. This group consists of lawyers, doctors, social workers, teachers, etc., a common forum for pressing issues.

The YRC staff meets regularly with the Police Department, especially the two juvenile officers of the town. This close-working relationship has the effect of diverting many youngsters from the criminal justice system, while they and their families are afforded the opportunity of receiving therapeutic services. The closest of the YRC's working relationships is that with the school system, from which approximately 45% of the Center's referrals are generated. Along with school guidance and faculty personnel, Center staff members participate in placement meetings and workshops. There exists a mutual flow of information.

Perhaps one of the more unique aspects of the program is the YRC treatment staff itself. The YRC is directed by a Ph. D. Clinical Psychologist. The Director, and the assistant director, who is a social worker, and who also has an M.A. in Education, have contacted numerous graduate schools in the area who have mental health programs. These include programs in Clinical Psychology, social work, child development and family relations, and community psychology. Graduate students from these programs are then placed at the YRC, a minimum of two days a week and receive supervision from the Director, their own faculty, and from consultants who volunteer time to the YRC. None of the students receive

financial renumeration for their services, but involvement at the YRC serves as a field placement experience. Through this arragement both the YRC and the community at large are receiving qualified mental health services from graduate student trainees at no financial expenditure.

In addition to the graduate students, other mental health professionals in the community have volunteered their time to provide direct service supervision.

Education

Mr. Gullotta has directed this component. He has secured a team of qualified professional volunteers from the community to tutor on a one to one basis the many youngsters who are in need of these services. Furthermore, through his contacts with a local university, Mr. Gullotta has secured consulting services from university professors who work with the volunteers, and who also are willing to provide independent study for students in the public school system.

Creative Experiences

Once again, the resources of the community have been tapped to provide numerous activities for youngsters such as dance, music, art, kung-fu, meditation, yoga, automotive mechanics, wilderness training, etc. Within this and any community live individuals with many talents which need only to be discovered and stimulated. A great deal of mutual satisfaction results for both the people volunteering their time and skills and for the students and others who benefit from their services. These experiences allow youngsters to grow and express themselves in non-traditional ways, something which is much needed, as many youngsters are "turned off" by the more traditional approaches to learning and therapy that are demonstrative of public school education and formal clinical psychotherapy with "a shrink".

In-Service Training

This component, likewise, has been able to develop from the wealth of resource people in the community. Professionals from many areas have given their time either to formalized training for the YRC staff, or to what we have dubbed "Community Mental Health Lectures", which are held in the town library and are open to the public. Thus in this instance of Community Mental Health Lectures, we are combining the following systems: library, town populace, town government, and YRC. It is through such interveaving that a solid foundation can be established for such an endeavor as the YRC.

Fund Raising

This area is crucial for any enterprise. The YRC has followed an approach that attempts to combine local, state, federal, and private foundation funding. YRC staff people have spoken to virtually every civic group in the town; this has resulted in multiple funding from various organizations, ranging from the Rotary Club's providing graduate student scholarships to the Jr. Women's Club providing special funding and volunteer services.

The Key to success for the YRC, and any similar undertaking, is a detailed and thorough assessment of all the systems with which the enterprise must come into contact. Long before the YRC began direct service, much time was spent establishing basic liaisons and support groups within the community. Town government representatives were contacted, civic groups were invited to involve themselves, a politically-appointed commission was established to serve as an advisory group, etc. All of these efforts were preliminary to actual delivery of service.